

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

FOUR TEES TRANSPORTATION & TOURS LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tyrone KingsboroughTelephone: 864-567-7753Address: 202 Brenleigh Ct.

Fax: _____

Simpsonville, SC 29680

Other: _____

Email: kingofkingsttours@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☒ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

RECEIVED

SEP 24 2020

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: September 23, 2020

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. FOUR TEES TRANSPORTATION & TOURS LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 202 Brenleigh Ct. Simpsonville, SC 29680
Street Address of Applicant
- Mailing Address of Applicant (if different from street address)
- 864-567-7753
Phone Fax
- kingofkingsttours@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Van Hool	1999 T945	YE2TC76B3X2029972		56

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

FOUR TEES TRANSPORTATION & TOURS LLC

Name of Applicant

202 Brenleigh Ct. Simpsonville, SC 29680

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 7,834

Limits \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Berkshire Hathaway Homestate Insurance Company

Name of Insurance Company

1314 Douglas St. Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

FOUR TEES TRANSPORTATION & TOURS LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

TYRONE KINGSBOROUGH

Applicant's Signature

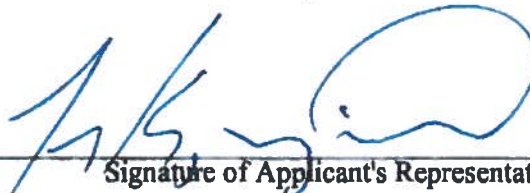
I, TYRONE KINGSBOROUGH
Name of Applicant's Representative

OWNER

Title

of FOUR TEES TRANSPORTATION & TOURS
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME

This 8th day of September, 2020


Notary Public

Commission Expires 2-15-2027

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME

This _____ day of _____, 20_____

Notary Public

Commission Expires _____

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Four Tees Transportation & Tours LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 14th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of July, 2020.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200715-1041383

Filing Date: 07/14/2020

Jul 15 2020
REFERENCE ID: 555541

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Four Tees Transportation & Tours LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Lid. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
202 Brenleigh Ct

(Street Address)

SIMPSONVILLE, South Carolina 29680

(City, State, Zip Code)

3. The initial agent for service of process is

Tyrone - Kingsborough

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
202 Brenleigh Ct

(Street Address)

SIMPSONVILLE

South Carolina 29680

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Tyrone - Kingsborough

(Name)

202 Brenleigh Ct

(Street Address)

SIMPSONVILLE, South Carolina 29680

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 15 2020

REFERENCE ID: 555541


Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Four Tees Transportation & Tours LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Tyrone Kingsborough

Signature of Organizer

Date: 07/14/2020

Signature of Organizer

Date: _____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 15 2020

REFERENCE ID: 555541

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Four Tees Transportation & Tours LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

 <p>U.S. Department of Transportation Federal Motor Carrier Safety Administration</p>		<h2 style="margin: 0;">MOTOR CARRIER IDENTIFICATION REPORT</h2> <h3 style="margin: 0;">(Application for U.S. DOT NUMBER)</h3>																																																																															
REASON FOR FILING (Check Only One) <input type="checkbox"/> NEW APPLICATION <input checked="" type="checkbox"/> BIENNIAL UPDATE OR CHANGES <input type="checkbox"/> OUT OF BUSINESS NOTIFICATION <input type="checkbox"/> REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)																																																																																	
1. NAME OF MOTOR CARRIER FOUR TEES TRANSPORTATION & TOURS LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME																																																																															
3. PRINCIPAL ADDRESS 202 BRENLEIGH CT	4. CITY SIMPSONVILLE	5. STATE/PROVINCE SOUTH CAROLINA	6. ZIP CODE + 4 29680-7418	7. COLONIA (MEXICO ONLY)																																																																													
8. MAILING ADDRESS 202 BRENLEIGH CT	9. CITY SIMPSONVILLE	10. STATE/PROVINCE SOUTH CAROLINA	11. ZIP CODE+4 29680-7418	12. COLONIA (MEXICO ONLY)																																																																													
13. PRINCIPAL BUSINESS PHONE NUMBER (884) 345-8558		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER																																																																													
16. USDOT NO. 3448367	17. MC OR MX NO.	18. DUN & BRADSTREET NO. 4303354	19. IRS/TAX ID NO. SSN#																																																																														
20. INTERNET E-MAIL ADDRESS KINGOFKINGSTTOURS@GMAIL.COM		21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR																																																																															
22. COMPANY OPERATION (Mark all that apply) A. Interstate Carrier B. Intrastate Hazmat Carrier <input checked="" type="checkbox"/> C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only																																																																																	
23. OPERATION CLASSIFICATION (Circle All that Apply) <input checked="" type="checkbox"/> A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government <input type="checkbox"/> B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe <input type="checkbox"/> C. Private Property F. Migrant I. State Government L. Other																																																																																	
24. CARGO CLASSIFICATIONS (Circle All that Apply) A. GENERAL FREIGHT F. LOGS, POLES, BEAMS, LUMBER J. FRESH PRODUCE P. GRAIN, FEED HAY V. COMMODITIES DRY BULK BB. CONSTRUCTION B. HOUSEHOLD GOODS G. BUILDING MATERIALS K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD CC. WATER WELL C. METAL: SHEETS; COILS; ROLLS H. MOBILE HOMES L. INTERMODAL CONT. R. MEAT X. BEVERAGES DD. OTHER PASSENGERS D. MOTOR VEHICLES I. MACHINERY, LARGE OBJECTS <input checked="" type="checkbox"/> M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS E. DRIVE AWAY/TOWAWAY O. LIVESTOCK U. CHEMICALS AA. FARM SUPPLIES Z. UTILITY																																																																																	
25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td>C S A. DIV 1.1</td><td>B NB C S K. DIV 2.2A (Ammonia)</td><td>B NB C S U. DIV 4.2</td><td>B NB C S EE. HRCQ</td><td>B NB</td></tr> <tr> <td>C S B. DIV 1.2</td><td>B NB C S L. DIV 2.3A</td><td>B NB C S V. DIV 4.3</td><td>B NB C S FF. CLASS 8</td><td>B NB</td></tr> <tr> <td>C S C. DIV 1.3</td><td>B NB C S M. DIV 2.3B</td><td>B NB C S W. DIV 5.1</td><td>B NB C S GG. CLASS 8A</td><td>B NB</td></tr> <tr> <td>C S D. DIV 1.4</td><td>B NB C S N. DIV 2.3C</td><td>B NB C S X. DIV 5.2</td><td>B NB C S HH. CLASS 8B</td><td>B NB</td></tr> <tr> <td>C S E. DIV 1.5</td><td>B NB C S O. DIV 2.3D</td><td>B NB C S Y. DIV 6.2</td><td>B NB C S II. CLASS 9</td><td>B NB</td></tr> <tr> <td>C S F. DIV 1.6</td><td>B NB C S P. Class 3</td><td>B NB C S Z. DIV 6.1A</td><td>B NB C S JJ. ELEVATED TEMP MAT.</td><td>B NB</td></tr> <tr> <td>C S G. DIV 2.1</td><td>B NB C S Q. Class 3A</td><td>B NB C S AA. DIV 6.1B</td><td>B NB C S KK. INFECTIOUS WASTE</td><td>B NB</td></tr> <tr> <td>C S H. DIV 2.1 LPG</td><td>B NB C S R. Class 3B</td><td>B NB C S BB. DIV 6.1 Poison</td><td>B NB C S LL. MARINE POLLUTANTS</td><td>B NB</td></tr> <tr> <td>C S I. DIV 2.1 (Methane)</td><td>B NB C S S. COM LIQ</td><td>B NB C S CC. DIV 6.1 SOLID</td><td>B NB C S MM. HAZARDOUS SUB(RQ)</td><td>B NB</td></tr> <tr> <td>C S J. DIV 2.2</td><td>B NB C S T. DIV 4.1</td><td>B NB C S DD. CLASS 7</td><td>B NB C S NN. HAZARDOUS WASTE</td><td>B NB</td></tr> <tr> <td></td><td></td><td></td><td>B NB C S OO. ORM</td><td>B NB</td></tr> </table>					C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCQ	B NB	C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 8	B NB	C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 8A	B NB	C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 8B	B NB	C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB	C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB	C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB	C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB	C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB	C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB				B NB C S OO. ORM	B NB																						
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26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="3"></th> <th rowspan="3">Straight Trucks</th> <th rowspan="3">Truck Tractors</th> <th rowspan="3">Trailers</th> <th rowspan="3">Hazmat Cargo Tank Trucks</th> <th rowspan="3">Hazmat Cargo Tank Trailers</th> <th rowspan="3">Motor Coach</th> <th colspan="8">School Bus Mini-bus Van Limousine</th> </tr> <tr> <th colspan="8">Number of vehicles carrying number of passengers (including the driver) below</th> </tr> <tr> <th>1-8</th> <th>9-15</th> <th>16+</th> <th>16+</th> <th>1-8</th> <th>9-15</th> <th>1-8</th> <th>9-15</th> <th>16</th> </tr> </thead> <tbody> <tr> <td>OWNED</td> <td></td><td></td><td></td><td></td><td></td><td>1</td> <td>0</td><td>0</td><td>0</td><td>0</td> <td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>TERM LEASED</td> <td></td><td></td><td></td><td></td><td></td><td>0</td> <td>0</td><td>0</td><td>0</td><td>0</td> <td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>TRIP LEASED</td> <td></td><td></td><td></td><td></td><td></td><td>0</td> <td>0</td><td>0</td><td>0</td><td>0</td> <td>0</td><td>0</td><td>0</td><td>0</td> </tr> </tbody> </table>						Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus Mini-bus Van Limousine								Number of vehicles carrying number of passengers (including the driver) below								1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16	OWNED						1	0	0	0	0	0	0	0	0	TERM LEASED						0	0	0	0	0	0	0	0	0	TRIP LEASED						0	0	0	0	0	0	0	0	0
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27. DRIVER INFORMATION <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>INTERSTATE</th> <th>INTRASTATE</th> <th>TOTAL DRIVERS</th> <th>TOTAL CDL DRIVERS</th> </tr> </thead> <tbody> <tr> <td>Within 100-Mile Radius</td> <td>0</td> <td>0</td> <td>1</td> <td></td> </tr> <tr> <td>Beyond 100-Mile Radius</td> <td>0</td> <td>1</td> <td></td> <td></td> </tr> </tbody> </table>						INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS	Within 100-Mile Radius	0	0	1		Beyond 100-Mile Radius	0	1																																																																
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28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? If Yes, enter your U.S. DOT Number.																																																																																	
29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER) 1. TYRONE - KINGSBOROUGH, OWNER (Please print Name)																																																																																	
30. CERTIFICATION STATEMENT (to be completed by an authorized official) I, TYRONE - KINGSBOROUGH (Please print Name) Signature TYRONE - KINGSBOROUGH Date 07/29/2020 Title OWNER (Please print) certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete. Expiration Date: 07/31/2012																																																																																	

Quote #: 10792888

**OFFER OF OPTIONAL ADDITIONAL UNINSURED
MOTORIST COVERAGE AND OPTIONAL
UNDERINSURED MOTORIST COVERAGE**

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: **bodily injury** and **property damage**. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

FOUR TEES TRANSPORTATION
TOURS LLC

M-5638 (08/2011)

Quote #: 10792888

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you must then contact* either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

FOUR TEES TRANSPORTATION
TOURS LLC

Quote #: 10792888

M-5638 (08/2011)

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$134
\$30,000/ \$60,000/ \$25,000	\$143
\$50,000/ \$100,000/ \$25,000	\$169
\$50,000/ \$100,000/ \$50,000	\$172

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL \$449

☐ I reject additional Uninsured Motorist Coverage

☒ I select additional Uninsured Motorist Coverage at the following limits: \$100,000 CSL

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$201
\$30,000/ \$60,000/ \$25,000	\$213
\$50,000/ \$100,000/ \$25,000	\$253
\$50,000/ \$100,000/ \$50,000	\$257

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL \$670

☐ I reject additional Underinsured Motorist Coverage

☒ I select additional Underinsured Motorist Coverage at the following limits: \$100,000 CSL

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Today's Date: 9/8/2020

Type or Print Your Name: TYRONE KINGSBOROUGH

Your Signature: [Signature]

Your Address: 202 BRENTLEIGH CT. SIMPSONVILLE, SC 29681

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

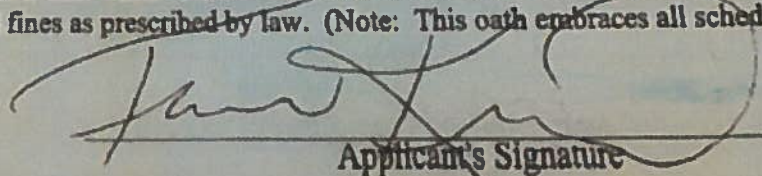
PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, TYRONE KINGSBOROUGH, verify under penalty of perjury under the laws of the State of South Carolina that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).


Applicant's Signature

SWORN TO BEFORE ME

This 23rd day of SEPT., 2020


Notary Public

Commission Expires 05-05-2026

Print Applicant